



Uniform Medical Plan

Your health. Your plan. Your choice.

Anesthesia Fee Schedule

Effective 7/1/04

Last revised 6/1/04

The procedure codes, anesthesia bases and maximum allowances in this document do not necessarily indicate coverage or payment. All coverage and payments are subject to plan benefits, exclusions, limitations, and pre-authorization requirements. Please refer to the *Billing and Administrative Manual for Professional Providers* and *Certificate of Coverage*.

The descriptions for the Current Procedural Terminology (CPT™) and Healthcare Common Procedure Coding System (HCPCS) level II codes listed here are abbreviated. For billing purposes, use the most recent edition of the CPT™ and HCPCS level II coding books which include complete descriptions of the codes.

Visit the UMP web site at www.ump.hca.wa.gov to download the latest versions of this fee schedule, and all other UMP publications mentioned in this document.

Fees in this publication are subject to change without notice. Although we make every effort to ensure the accuracy of the fees in our publications, changes or corrections may occur throughout the year.

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The Uniform Medical Plan's (UMP) conversion factor for reimbursement of anesthesia services is \$45.01 for dates of service on or after July 1, 2004. The UMP conversion factor is based on a 15-minute unit payment system. Anesthesia services are reimbursed according to actual time units and anesthesia base units.

Anesthesia Base Units

For the majority of the CPT™ anesthesia codes, the current anesthesia bases in the UMP payment system are the same as the Centers for Medicare & Medicaid Services' (CMS') 2004 anesthesia base units and the American Society of Anesthesiologists' (ASA's) 2004 anesthesia base units. For the CPT™ anesthesia codes where CMS and the ASA bases are different, CMS' anesthesia bases are used, with a few exceptions based on feedback from our State Agency Anesthesia Technical Advisory Group.

Anesthesia Procedure Codes

Anesthesia services must be billed with Current Procedural Terminology (CPT™) anesthesia codes 00100 through 01999. The UMP will not accept any other ASA RVG codes that are not included in CPT™. All other anesthesia codes should be billed according to the descriptions published in CPT™. When there are differences in code descriptions between CPT™ and ASA RVG, the CPT™ descriptions will apply.

Some procedures commonly performed by anesthesiologists and CRNAs are reimbursed according to the resource based relative value scale (RBRVS) maximum allowances on UMP's *Professional Provider Fee Schedule*, and not according to anesthesia base and time units. These services include most pain management services, E&M services, intubation, Swan-Ganz insertion and placement as well as other selected surgical services (refer to pages 6 through 9). Providers must bill the appropriate CPT™ surgery or medicine codes (with no anesthesia modifier) for payment consideration of these services.

Anesthesia Time Units

UMP payment for anesthesia is based on a per minute reporting assumption. Providers must report the actual anesthesia minutes calculated to the next whole minute in the "units" field (24G) on the CMS 1500 claim form. The UMP will calculate the base units dependent upon the procedure code being billed.

Anesthesia Maximum Allowance

The following table illustrates how the UMP calculates the anesthesia maximum allowance:

Step	Maximum Allowance Calculation (dates of service on or after 7/1/04)
1	Multiply anesthesia base units by 15
2	Add total billed minutes to value from step 1
3	Multiply total from step 2 by UMP's per minute conversion factor**

** In UMP's claims system, the 15-minute conversion factor converts to a per minute factor (\$3.0007/minute)

Sample Calculation

Billed time from provider: 120 minutes

UMP anesthesia base units: 5 units

UMP maximum allowance = (base x 15 + billed time) x per minute conversion factor
 = (5 x 15 + 120) x \$3.0007
 = \$585.14

Please refer to the UMP *Billing and Administrative Manual for Professional Providers* for additional information and billing instructions.

Visit the UMP web site at www.ump.hca.wa.gov to download copies of all UMP publications mentioned in this document. If you have any questions, please call (206) 521-2023 (within the Seattle area) or toll free at 1-800-292-8092.

Code	Brief Description	Base Units
00100	Anesth, salivary gland	5
00102	Anesth, repair of cleft lip	6
00103	Anesth, blepharoplasty	5
00104	Anesth, electroshock	4
00120	Anesth, ear surgery	5
00124	Anesth, ear exam	4
00126	Anesth, tympanotomy	4
00140	Anesth, procedures on eye	5
00142	Anesth, lens surgery	4
00144	Anesth, corneal transplant	6
00145	Anesth, vitreoretinal surg	6
00147	Anesth, iridectomy	4
00148	Anesth, eye exam	4
00160	Anesth, nose/sinus surgery	5
00162	Anesth, nose/sinus surgery	7
00164	Anesth, biopsy of nose	4
00170	Anesth, procedure on mouth	5
00172	Anesth, cleft palate repair	6
00174	Anesth, pharyngeal surgery	6
00176	Anesth, pharyngeal surgery	7
00190	Anesth, face/skull bone surg	5
00192	Anesth, facial bone surgery	7
00210	Anesth, open head surgery	11
00212	Anesth, skull drainage	5
00214	Anesth, skull drainage	9
00215	Anesth, skull repair/fract	9
00216	Anesth, head vessel surgery	15
00218	Anesth, special head surgery	13
00220	Anesth, intrcrn nerve	10
00222	Anesth, head nerve surgery	6
00300	Anesth, head/neck/ptrunk	5
00320	Anesth, neck organ, 1 & over	6
00322	Anesth, biopsy of thyroid	3
00326	Anesth, larynx/trach, < 1 yr	8
00350	Anesth, neck vessel surgery	10
00352	Anesth, neck vessel surgery	5
00400	Anesth, skin, ext/per/atruunk	3
00402	Anesth, surgery of breast	5
00404	Anesth, surgery of breast	5
00406	Anesth, surgery of breast	13
00410	Anesth, correct heart rhythm	4
00450	Anesth, surgery of shoulder	5
00452	Anesth, surgery of shoulder	6
00454	Anesth, collar bone biopsy	3
00470	Anesth, removal of rib	6
00472	Anesth, chest wall repair	10
00474	Anesth, surgery of rib(s)	13
00500	Anesth, esophageal surgery	15
00520	Anesth, chest procedure	6
00522	Anesth, chest lining biopsy	4
00524	Anesth, chest drainage	4

Code	Brief Description	Base Units
00528	Anesth, chest partition view	8
00529	Anesth, chest partition view	11
00530	Anesth, pacemaker insertion	4
00532	Anesth, vascular access	4
00534	Anesth, cardioverter/defib	7
00537	Anesth, cardiac electrophys	10
00539	Anesth, trach-bronch reconst	18
00540	Anesth, chest surgery	12
00541	Anesth, one lung ventilation	15
00542	Anesth, release of lung	15
00546	Anesth, lung,chest wall surg	15
00548	Anesth, trachea,bronchi surg	17
00550	Anesth, sternal debridement	10
00560	Anesth, open heart surgery	15
00562	Anesth, open heart surgery	20
00563	Anesth, heart proc w/pump	25
00566	Anesth, cabg w/o pump	25
00580	Anesth, heart/lung transplnt	20
00600	Anesth, spine, cord surgery	10
00604	Anesth, sitting procedure	13
00620	Anesth, spine, cord surgery	10
00622	Anesth, removal of nerves	13
00630	Anesth, spine, cord surgery	8
00632	Anesth, removal of nerves	7
00634	Anesth for chemonucleolysis	10
00635	Anesth, lumbar puncture	4
00640	Anesth, spine manipulation	3
00670	Anesth, spine, cord surgery	13
00700	Anesth, abdominal wall surg	4
00702	Anesth, for liver biopsy	4
00730	Anesth, abdominal wall surg	5
00740	Anesth, upper gi visualize	5
00750	Anesth, repair of hernia	4
00752	Anesth, repair of hernia	6
00754	Anesth, repair of hernia	7
00756	Anesth, repair of hernia	7
00770	Anesth, blood vessel repair	15
00790	Anesth, surg upper abdomen	7
00792	Anesth, hemorr/excise liver	13
00794	Anesth, pancreas removal	8
00796	Anesth, for liver transplant	30
00797	Anesth, surgery for obesity	9
00800	Anesth, abdominal wall surg	4
00802	Anesth, fat layer removal	5
00810	Anesth, low intestine scope	5
00820	Anesth, abdominal wall surg	5
00830	Anesth, repair of hernia	4
00832	Anesth, repair of hernia	6
00834	Anesth, hernia repair< 1 yr	5
00836	Anesth hernia repair preemie	6
00840	Anesth, surg lower abdomen	6

Code	Brief Description	Base Units
00842	Anesth, amniocentesis	4
00844	Anesth, pelvis surgery	7
00846	Anesth, hysterectomy	8
00848	Anesth, pelvic organ surg	8
00851	Anesth, tubal ligation	6
00860	Anesth, surgery of abdomen	6
00862	Anesth, kidney/ureter surg	7
00864	Anesth, removal of bladder	8
00865	Anesth, removal of prostate	7
00866	Anesth, removal of adrenal	10
00868	Anesth, kidney transplant	10
00870	Anesth, bladder stone surg	5
00872	Anesth kidney stone destruct	7
00873	Anesth kidney stone destruct	5
00880	Anesth, abdomen vessel surg	15
00882	Anesth, major vein ligation	10
00902	Anesth, anorectal surgery	5
00904	Anesth, perineal surgery	7
00906	Anesth, removal of vulva	4
00908	Anesth, removal of prostate	6
00910	Anesth, bladder surgery	3
00912	Anesth, bladder tumor surg	5
00914	Anesth, removal of prostate	5
00916	Anesth, bleeding control	5
00918	Anesth, stone removal	5
00920	Anesth, genitalia surgery	3
00921	Anesth, vasectomy	3
00922	Anesth, sperm duct surgery	6
00924	Anesth, testis exploration	4
00926	Anesth, removal of testis	4
00928	Anesth, removal of testis	6
00930	Anesth, testis suspension	4
00932	Anesth, amputation of penis	4
00934	Anesth, penis, nodes removal	6
00936	Anesth, penis, nodes removal	8
00938	Anesth, insert penis device	4
00940	Anesth, vaginal procedures	3
00942	Anesth, surg on vag/urethral	4
00944	Anesth, vaginal hysterectomy	6
00948	Anesth, repair of cervix	4
00950	Anesth, vaginal endoscopy	5
00952	Anesth, hysteroscope/graph	4
01112	Anesth, bone aspirate/bx	5
01120	Anesth, pelvis surgery	6
01130	Anesth, body cast procedure	3
01140	Anesth, amputation at pelvis	15
01150	Anesth, pelvic tumor surgery	10
01160	Anesth, pelvis procedure	4
01170	Anesth, pelvis surgery	8
01173	Anesth, fx repair, pelvis	12
01180	Anesth, pelvis nerve removal	3

Code	Brief Description	Base Units
01190	Anesth, pelvis nerve removal	4
01200	Anesth, hip joint procedure	4
01202	Anesth, arthroscopy of hip	4
01210	Anesth, hip joint surgery	6
01212	Anesth, hip disarticulation	10
01214	Anesth, hip arthroplasty	8
01215	Anesth, revise hip repair	10
01220	Anesth, procedure on femur	4
01230	Anesth, surgery of femur	6
01232	Anesth, amputation of femur	5
01234	Anesth, radical femur surg	8
01250	Anesth, upper leg surgery	4
01260	Anesth, upper leg veins surg	3
01270	Anesth, thigh arteries surg	8
01272	Anesth, femoral artery surg	4
01274	Anesth, femoral embolectomy	6
01320	Anesth, knee area surgery	4
01340	Anesth, knee area procedure	4
01360	Anesth, knee area surgery	5
01380	Anesth, knee joint procedure	3
01382	Anesth, dx knee arthroscopy	3
01390	Anesth, knee area procedure	3
01392	Anesth, knee area surgery	4
01400	Anesth, knee joint surgery	4
01402	Anesth, knee arthroplasty	7
01404	Anesth, amputation at knee	5
01420	Anesth, knee joint casting	3
01430	Anesth, knee veins surgery	3
01432	Anesth, knee vessel surg	6
01440	Anesth, knee arteries surg	8
01442	Anesth, knee artery surg	8
01444	Anesth, knee artery repair	8
01462	Anesth, lower leg procedure	3
01464	Anesth, ankle/ft arthroscopy	3
01470	Anesth, lower leg surgery	3
01472	Anesth, achilles tendon surg	5
01474	Anesth, lower leg surgery	5
01480	Anesth, lower leg bone surg	3
01482	Anesth, radical leg surgery	4
01484	Anesth, lower leg revision	4
01486	Anesth, ankle replacement	7
01490	Anesth, lower leg casting	3
01500	Anesth, leg arteries surg	8
01502	Anesth, lwr leg embolectomy	6
01520	Anesth, lower leg vein surg	3
01522	Anesth, lower leg vein surg	5
01610	Anesth, surgery of shoulder	5
01620	Anesth, shoulder procedure	4
01622	Anes dx shoulder arthroscopy	4
01630	Anesth, surgery of shoulder	5
01632	Anesth, surgery of shoulder	6

Code	Brief Description	Base Units
01634	Anesth, shoulder joint amput	9
01636	Anesth, forequarter amput	15
01638	Anesth, shoulder replacement	10
01650	Anesth, shoulder artery surg	6
01652	Anesth, shoulder vessel surg	10
01654	Anesth, shoulder vessel surg	8
01656	Anesth, arm-leg vessel surg	10
01670	Anesth, shoulder vein surg	4
01680	Anesth, shoulder casting	3
01682	Anesth, airplane cast	4
01710	Anesth, elbow area surgery	3
01712	Anesth, uppr arm tendon surg	5
01714	Anesth, uppr arm tendon surg	5
01716	Anesth, biceps tendon repair	5
01730	Anesth, uppr arm procedure	3
01732	Anesth, dx elbow arthroscopy	3
01740	Anesth, upper arm surgery	4
01742	Anesth, humerus surgery	5
01744	Anesth, humerus repair	5
01756	Anesth, radical humerus surg	6
01758	Anesth, humeral lesion surg	5
01760	Anesth, elbow replacement	7
01770	Anesth, uppr arm artery surg	6
01772	Anesth, uppr arm embolectomy	6
01780	Anesth, upper arm vein surg	3
01782	Anesth, uppr arm vein repair	4
01810	Anesth, lower arm surgery	3
01820	Anesth, lower arm procedure	3
01829	Anesth, dx wrist arthroscopy	3
01830	Anesth, lower arm surgery	3
01832	Anesth, wrist replacement	6
01840	Anesth, lwr arm artery surg	6
01842	Anesth, lwr arm embolectomy	6

Code	Brief Description	Base Units
01844	Anesth, vascular shunt surg	6
01850	Anesth, lower arm vein surg	3
01852	Anesth, lwr arm vein repair	4
01860	Anesth, lower arm casting	3
01905	Anes, spine inject, x-ray/re	5
01916	Anesth, dx arteriography	5
01920	Anesth, catheterize heart	7
01922	Anesth, cat or MRI scan	7
01924	Anes, ther interven rad, art	6
01925	Anes, ther interven rad, car	8
01926	Anes, tx interv rad hrt/cran	10
01930	Anes, ther interven rad, vei	5
01931	Anes, ther interven rad, tip	7
01932	Anes, tx interv rad, th vein	7
01933	Anes, tx interv rad, cran v	8
01951	Anesth, burn, less 4 percent	3
01952	Anesth, burn, 4-9 percent	5
01953	Anesth, burn, each 9 percent	*
01958	Anesth, antepartum manipul	5
01960	Anesth, vaginal delivery	5
01961	Anesth, cs delivery	7
01962	Anesth, emer hysterectomy	8
01963	Anesth, cs hysterectomy	10
01964	Anesth, abortion procedures	4
01967	Anesth/analg, vag delivery	5
01968**	Anes/analg cs deliver add-on	3
01969**	Anesth/analg cs hyst add-on	5
01990	Support for organ donor	7
01991	Anesth, nerve block/inj	3
01992	Anesth, n block/inj, prone	5
01995	Regional anesthesia limb	5
01996	Manage daily drug therapy	***
01999	Unlisted anesth procedure	****

* The UMP does not use anesthesia base or time units to determine the maximum allowance for this code. The maximum allowance for this service is \$45.01

** Add-on code is separately payable with CPT™ anesthesia code 01967. (Include the applicable anesthesia minutes with the add-on code.)

*** The UMP does not use anesthesia base or time units to determine the maximum allowance for this code. The maximum allowance for this service is \$43.25

**** Individual Consideration

Pain Management and Other Procedures Paid Under the RBRVS Methodology, Effective July 1, 2004

The pain management, evaluation & management, and other procedure codes on the following pages are reimbursed under the Resource Based Relative Value Scale (RBRVS) methodology, and are excerpted from the UMP *Professional Provider Fee Schedule*. For other procedure codes not listed in this document, refer to that fee schedule. These codes should not be billed with anesthesia modifiers.

The RBRVS maximum allowances are calculated using the Centers for Medicare & Medicaid Services' (CMS') 2004 relative value units (RVUs); statewide Geographic Practice Cost Indices (GPCIs) based on CMS' GPCIs for Washington localities; and UMP's conversion factor of \$48.59. CMS' 2004 RVUs were published in the January 7, 2004 *Federal Register* (Vol. 69, No. 4) and are also available on CMS' web site at cms.hhs.gov. The statewide GPCIs are: 1.002 (work), 1.011 (practice), and 0.803 (malpractice).

The RBRVS maximum allowances are determined by the following formula:

$$[(\text{work RVU} \times \text{work GPCI}) + (\text{practice expense RVU} \times \text{practice expense GPCI}) + (\text{malpractice expense RVU} \times \text{malpractice expense GPCI})] \times \text{UMP RBRVS conversion factor}$$

UMP's site of service payment differential for professional claims is based on CMS' dual practice expense RVUs and accompanying policy. The UMP fee schedule includes non-facility setting maximum allowances and facility setting maximum allowances. The **non-facility** setting maximum allowances apply to professional claims performed in all settings, with the exception of ambulances, ambulatory surgery centers, licensed birthing centers, hospice facilities, community mental health centers, hospitals, military facilities, Indian health facilities, Tribal facilities, and skilled nursing facilities. In these settings, the **facility** setting maximum allowances are applicable.

Note: The applicable CMS 2-digit place of service code must be included on the claim form submitted to UMP for payment consideration. The valid place of service codes are included in the UMP *Billing and Administrative Manual for Professional Providers*.

Please refer to the UMP *Billing and Administrative Manual for Professional Providers* for additional information and billing instructions for these and all other procedure codes.

Pain Management

Code	Brief Description	Non-Facility Setting Max Allow Fee	Facility Setting Max Allow Fee
11981	Insert drug implant device	\$164.23	\$112.24
11982	Remove drug implant device	\$191.44	\$136.05
11983	Remove/insert drug implant	\$289.11	\$247.32
20526	Ther injection, carp tunnel	\$96.21	\$73.37
20550	Inj tendon sheath/ligament	\$74.34	\$51.02
20551	Inj tendon origin/insertion	\$72.89	\$55.88
20552	Inj trigger point, 1/2 muscl	\$70.94	\$45.19
20553	Inject trigger points, =/> 3	\$80.66	\$50.53
20600	Drain/inject, joint/bursa	\$66.08	\$52.48
20605	Drain/inject, joint/bursa	\$72.89	\$53.93
20610	Drain/inject, joint/bursa	\$88.43	\$62.68
20612	Aspirate/inj ganglion cyst	\$71.91	\$53.45
27096	Inject sacroiliac joint	\$531.57	\$88.43
61790	Treat trigeminal nerve	\$905.72	\$905.72
62263	Epidural lysis mult sessions	\$901.34	\$435.85
62264	Epidural lysis on single day	\$605.43	\$297.86
62270	Spinal fluid tap, diagnostic	\$208.94	\$81.63
62272	Drain cerebro spinal fluid	\$252.67	\$103.50
62273	Treat epidural spine lesion	\$245.38	\$139.45

**Pain Management and Other Procedures Paid
Under the RBRVS Methodology, Effective July 1, 2004**

Pain Management, Continued

Code	Brief Description	Non-Facility Setting Max Allow Fee	Facility Setting Max Allow Fee
62280	Treat spinal cord lesion	\$460.15	\$179.30
62281	Treat spinal cord lesion	\$419.82	\$174.92
62282	Treat spinal canal lesion	\$522.83	\$158.89
62284	Injection for myelogram	\$319.24	\$109.33
62290	Inject for spine disk x-ray	\$489.79	\$218.17
62291	Inject for spine disk x-ray	\$429.54	\$205.54
62310	Inject spine c/t	\$349.36	\$136.54
62311	Inject spine l/s (cd)	\$332.36	\$113.21
62318	Inject spine w/cath, c/t	\$390.66	\$144.80
62319	Inject spine w/cath l/s (cd)	\$346.45	\$132.65
62350	Implant spinal canal cath	\$560.24	\$560.24
62351	Implant spinal canal cath	\$919.32	\$919.32
62355	Remove spinal canal catheter	\$444.11	\$444.11
62360	Insert spine infusion device	\$270.65	\$270.65
62361	Implant spine infusion pump	\$479.10	\$479.10
62362	Implant spine infusion pump	\$598.14	\$598.14
62365	Remove spine infusion device	\$467.44	\$467.44
63650	Implant neuroelectrodes	\$508.25	\$508.25
63655	Implant neuroelectrodes	\$926.13	\$926.13
63660	Revise/remove neuroelectrode	\$508.25	\$508.25
63685	Implant neuroreceiver	\$591.83	\$591.83
63688	Revise/remove neuroreceiver	\$469.87	\$469.87
64400	N block inj, trigeminal	\$155.49	\$74.83
64402	N block inj, facial	\$149.66	\$89.89
64405	N block inj, occipital	\$142.85	\$87.46
64408	N block inj, vagus	\$150.63	\$105.44
64410	N block inj, phrenic	\$199.22	\$92.81
64412	N block inj, spinal accessor	\$194.36	\$79.69
64413	N block inj, cervical plexus	\$164.72	\$93.78
64415	N block inj, brachial plexus	\$215.25	\$95.24
64416	N block cont infuse, b plex	\$209.42	\$209.42
64417	N block inj, axillary	\$226.43	\$95.24
64418	N block inj, suprascapular	\$197.76	\$85.52
64420	N block inj, intercost, sng	\$234.20	\$78.23
64421	N block inj, intercost, mlt	\$351.31	\$108.36
64425	N block inj ilio-ing/hypogi	\$173.95	\$113.21
64430	N block inj, pudendal	\$203.59	\$100.10
64435	N block inj, paracervical	\$204.56	\$108.36
64445	N block inj, sciatic, sng	\$207.97	\$94.26
64446	N blk inj, sciatic, cont inf	\$220.11	\$220.11
64447	N block inj fem, single	\$102.04	\$102.04
64448	N block inj fem, cont inf	\$200.68	\$200.68
64449	N block inj, lumbar plexus	\$197.76	\$197.76
64450	N block, other peripheral	\$127.79	\$86.00
64470	Inj paravertebral c/t	\$334.30	\$122.93
64472	Inj paravertebral c/t add-on	\$162.29	\$82.12
64475	Inj paravertebral l/s	\$296.88	\$96.21
64476	Inj paravertebral l/s add-on	\$139.94	\$62.68
64479	Inj foramen epidural c/t	\$460.15	\$149.17
64480	Inj foramen epidural add-on	\$197.76	\$102.04
64483	Inj foramen epidural l/s	\$467.92	\$130.22
64484	Inj foramen epidural add-on	\$206.02	\$86.98

**Pain Management and Other Procedures Paid
Under the RBRVS Methodology, Effective July 1, 2004**

Pain Management, Continued

Code	Brief Description	Non-Facility Setting Max Allow Fee	Facility Setting Max Allow Fee
64505	N block, sphenopalatine gangl	\$130.22	\$93.29
64508	N block, carotid sinus s/p	\$202.62	\$82.12
64510	N block, stellate ganglion	\$219.63	\$80.66
64517	N block inj, hypogas plxs	\$244.89	\$155.00
64520	N block, lumbar/thoracic	\$293.48	\$89.89
64530	N block inj, celiac pelus	\$274.53	\$104.47
64550	Apply neurostimulator	\$23.81	\$11.66
64553	Implant neuroelectrodes	\$253.15	\$211.85
64555	Implant neuroelectrodes	\$267.25	\$174.44
64560	Implant neuroelectrodes	\$252.67	\$187.07
64561	Implant neuroelectrodes	\$487.84	\$487.84
64565	Implant neuroelectrodes	\$254.13	\$151.60
64573	Implant neuroelectrodes	\$691.44	\$691.44
64575	Implant neuroelectrodes	\$361.51	\$361.51
64577	Implant neuroelectrodes	\$411.07	\$411.07
64580	Implant neuroelectrodes	\$384.35	\$384.35
64581	Implant neuroelectrodes	\$939.73	\$939.73
64585	Revise/remove neuroelectrode	\$682.20	\$197.76
64590	Implant neuroreceiver	\$492.22	\$228.86
64595	Revise/remove neuroreceiver	\$620.01	\$168.12
64600	Injection treatment of nerve	\$595.71	\$258.01
64605	Injection treatment of nerve	\$719.62	\$398.44
64610	Injection treatment of nerve	\$788.62	\$576.76
64612	Destroy nerve, face muscle	\$228.37	\$152.57
64613	Destroy nerve, spine muscle	\$245.87	\$148.69
64620	Injection treatment of nerve	\$372.20	\$204.56
64622	Destr paravertebral nerve l/s	\$528.66	\$214.77
64623	Destr paravertebral n add-on	\$169.58	\$62.20
64626	Destr paravertebral nerve c/t	\$498.05	\$260.93
64627	Destr paravertebral n add-on	\$188.53	\$73.86
64630	Injection treatment of nerve	\$287.65	\$216.23
64640	Injection treatment of nerve	\$347.90	\$221.57
64680	Injection treatment of nerve	\$428.08	\$197.28
64681	Injection treatment of nerve	\$607.38	\$282.31
64802	Remove sympathetic nerves	\$740.03	\$740.03
64804	Remove sympathetic nerves	\$1,149.64	\$1,149.64
64809	Remove sympathetic nerves	\$994.64	\$994.64
64818	Remove sympathetic nerves	\$812.91	\$812.91

Other Services

Code	Brief Description	Non-Facility Setting Max Allow Fee	Facility Setting Max Allow Fee
31500	Insert emergency airway	\$147.71	\$147.71
36400	BI draw < 3 yrs fem/jugular	\$33.04	\$23.32
36420	Vein access cutdown < 1 yr	\$203.59	\$67.05
36425	Vein access cutdown > 1 yr	\$50.05	\$50.05
36600	Withdrawal of arterial blood	\$39.84	\$20.89
36620	Insertion catheter, artery	\$70.46	\$70.46
36625	Insertion catheter, artery	\$135.57	\$135.57
36660	Insertion catheter, artery	\$93.78	\$93.78

**Pain Management and Other Procedures Paid
Under the RBRVS Methodology, Effective July 1, 2004**

Other Services, Continued

Code	Brief Description	Non-Facility Setting Max Allow Fee	Facility Setting Max Allow Fee
62287	Percutaneous diskectomy	\$695.32	\$695.32
63600	Remove spinal cord lesion	\$1,006.30	\$1,006.30
76000	Fluoroscope examination	\$78.23	\$78.23
76000-26	Fluoroscope examination	\$11.18	\$11.18
76000-TC	Fluoroscope examination	\$67.05	\$67.05
76003	Needle localization by x-ray	\$103.50	\$103.50
76003-26	Needle localization by x-ray	\$36.44	\$36.44
76003-TC	Needle localization by x-ray	\$67.05	\$67.05
76005	Fluoroguide for spine inject	\$105.93	\$105.93
76005-26	Fluoroguide for spine inject	\$38.87	\$38.87
76005-TC	Fluoroguide for spine inject	\$67.05	\$67.05
76496	Fluoroscopic procedure	By Report	By Report
76496-26	Fluoroscopic procedure	By Report	By Report
76496-TC	Fluoroscopic procedure	By Report	By Report
93503	Insert/place heart catheter	\$182.70	\$182.70
95970	Analyze neurostim, no prog	\$31.58	\$30.61
95990	Spin/brain pump refill & main	\$75.80	\$75.80
95991	Spin/brain pump refill & main	\$110.30	\$49.08

Evaluation and Management

Code	Brief Description	Non-Facility Setting Max Allow Fee	Facility Setting Max Allow Fee
99201	Office/outpatient visit, new	\$47.13	\$30.61
99202	Office/outpatient visit, new	\$84.06	\$60.74
99203	Office/outpatient visit, new	\$124.88	\$92.81
99204	Office/outpatient visit, new	\$176.38	\$137.02
99205	Office/outpatient visit, new	\$224.00	\$182.21
99211	Office/outpatient visit, est	\$27.70	\$11.66
99212	Office/outpatient visit, est	\$49.08	\$30.61
99213	Office/outpatient visit, est	\$68.51	\$46.16
99214	Office/outpatient visit, est	\$106.90	\$75.31
99215	Office/outpatient visit, est	\$155.00	\$120.99
99241	Office consultation	\$65.11	\$43.73
99242	Office consultation	\$118.56	\$89.89
99243	Office consultation	\$156.95	\$119.53
99244	Office consultation	\$221.57	\$176.87
99245	Office consultation	\$286.20	\$234.69
99271	Confirmatory consultation	\$50.53	\$31.10
99272	Confirmatory consultation	\$84.06	\$58.79
99273	Confirmatory consultation	\$115.16	\$82.60
99274	Confirmatory consultation	\$155.49	\$120.02
99275	Confirmatory consultation	\$197.76	\$158.40
99291	Critical care, first hour	\$315.84	\$263.84
99292	Critical care, add'l 30 min	\$140.43	\$132.16